

Ohio Home Care Ltd

The Winning Box

Inspection report

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28 July 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Winning Box is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection there were six people receiving personal care. This included older people and people living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection, the provider informed us they had moved the address of their office location to a new address in the same area and had changed the name of the location from Ohio Homecare Ltd to The Winning Box. However, the service continues to maintain the same registration on the CQC register.

People's experience of using this service and what we found

Care plans and risk assessments were in place and were person-centred. The staff had access to information and clear guidelines about people's needs to help ensure they supported them safely and met these.

There had been improvements to the way medicines were managed and there were arrangements to ensure people received these safely.

There were suitable systems in place to help protect people from the risk of infection and cross contamination.

The provider had implemented safe recruitment processes. New staff were suitable and had the skills and knowledge they needed to support people. These included recruitment checks, regular training, supervision and appraisal.

People were protected from the risk of avoidable harm. The risks to people's safety and wellbeing had been identified, assessed or managed. The provider had appropriate systems for investigating allegations of abuse, complaints and concerns.

The provider's systems for monitoring and improving quality were operated effectively and there were systems in place to mitigate identified risks. The provider had processes for learning when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives said staff were kind and caring, treated them with dignity and promoted their independence. People were mostly supported by regular staff which helped to maintain continuity. Staff understood their roles and responsibilities and felt the management team was approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook the inspection to see if the provider had made improvements since the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Winning Box

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 July 2022 and ended on 28 July 2022. We visited the location's office on 27 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives of other people about their experience of the care provided. We spoke with the registered manager and the deputy manager. We reviewed a range of records. This included four people's care records and medicines records for those who were supported with this. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection, we received feedback about working for the service from three care workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection in June 2021, we found systems were either not in place or robust enough to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of regulation 12.

- People who used the service received their medicines safely and as prescribed.
- Medicines Administration Records (MARs) included key information for staff to administer medicines safely, such as the person's allergy status. Staff had access to people's care plans which contained guidance and information, including actions to take in response to adverse reactions to people's medicines.
- Senior staff carried out regular audits of people's medicines and MARs, and where concerns were identified, we saw evidence these were addressed without delay. For example, there were some technical issues with the electronic system, and some medicines had appeared as unsigned by staff. We saw evidence this was investigated without delay to ensure the person had received their medicines as prescribed.
- Staff received training in the administration of medicines and had their competencies checked regularly to help ensure they were competent, and people received their medicines as prescribed.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection of June 2021, we found systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of regulation 12.

- The risks to people's health and wellbeing had been assessed and regularly reviewed. Each person had a support assessment in place which contained information about the person's needs such as if they were cared for in bed, at risk of falls, had skin integrity issues or any condition which impacted on their mobility

and safety.

- Specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs. For example, one person was at risk of self-neglect and falls. We saw guidelines were in place for staff to reduce risk and meet the person's needs.
- The provider carried out an environmental risk assessment of people's home prior to supporting them, to help identify any risks to the person or care workers visiting. This included access to the property, any hazards, cleanliness, smoke alarms and equipment.
- People were protected from the risk of infection and cross contamination. The provider had an infection control process in place. Training records indicated the care workers had completed training on infection control.
- Care workers confirmed they had completed infection control training which included how to put on and take off personal protective equipment (PPE) such as gloves, masks and aprons. Care workers had access to adequate supplies of PPE.
- People who used the service confirmed the care workers who visited them wore their PPE when providing care.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Staffing levels were determined in line with people's agreed care packages. This was subject to change depending on people's needs.
- Some people required support from two care workers and although most were satisfied, one person told us, "Where two carers are needed they don't always arrive at the same time so calls can be rushed as they try to make up time." We raised this with the registered manager who told us they would take immediate action and said, "We will remind the carers of the importance of arriving at the same time or within minutes of one another."
- The care staff were required to log in and out of care visits using the provider's electronic system. The system displayed care workers' locations in real time and would immediately alert the office of any staff problems with punctuality or missed visits so the provider could address any arising issues. We saw evidence persistent lateness was addressed with individual care workers in line with the provider's procedures.
- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to help ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relative said they felt safe with the care workers who supported them. A relative told us, "My [family member] is cared for very well and the carers are all very nice. They follow my [family member's] care plan to the letter" and another said, "[Family member] is very safe with the care staff."
- The provider had a safeguarding policy and procedures in place and staff were aware of these. Staff received training in safeguarding adults and understood what they would do if they were worried somebody was being abused.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accidents or incidents were recorded, and appropriate action taken to prevent the risk of reoccurrence.
- Following the last inspection and the concerns found, the registered manager told us they had put new

systems in place and had been more involved to ensure improvements were made and sustained. They said, "I have learned I must always be there. I am available every day to support and make sure things are running well. It has not been easy in the last two years."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection of June 2021, we found systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 11.

- The provider understood their responsibility in relation to the MCA and ensured all staff received training in this.
- People told us they were consulted about their care, and their choices were respected. We saw evidence of this in their care records.
- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected.
- Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service, to help ensure their needs could be met. The initial assessments were clear and detailed and from the person's perspective. People were referred from the local authority who provided information about their needs.
- As part of the initial assessment, the provider used a 'Mental state and cognition' tool to check if the person required additional support in relation to their moods and mental wellbeing.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, supervised and appraised. People thought the staff were well trained and had the necessary skills to meet their needs.
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also received training specific to the needs of people who used the service, such as diabetes awareness, dementia awareness and COVID-19. The training matrix indicated staff training was up to date and regularly refreshed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were recorded in their care plans and met. People were supported by staff with food and drinks of their choice, if this was part of their care plan. Some people required already prepared meals to be warmed up and others required snacks to be prepared.
- People's care plans contained details of their food likes and dislikes, and where necessary, the care workers supported them with preparing food. However, most people lived with family members who provided this support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to healthcare professionals. The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions.
- We saw evidence care workers communicated well with the office and reported any concerns promptly. One person told us, "I am very lucky as the carers can tell immediately if I am unwell and they inform the relevant people straight away, this could be my [relative] or they ring the doctor."
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. The registered manager liaised with the relevant healthcare professionals to meet people's needs, such as the GP and district nurses.
- People had access to healthcare professionals and were referred promptly if there were concerns with their health. We saw evidence of this in the care records we looked at.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service received support from kind and caring staff. People told us they were treated with kindness and respect by the care workers who supported them. One person stated, "The carers are all very nice and they know what they are doing."
- Relatives we spoke with also thought the care workers were caring and respectful. One relative told us, "The care my [family member] gets is very good and I have no complaints."
- People's religious and cultural needs were recorded in their care plan. Staff received training in equality and diversity as part of their induction. The provider had an equality and diversity policy in place which included details about how to support people from the lesbian, gay, bisexual and transsexual (LGBT+) community. At the time of our inspection, they were not supporting anyone from this community.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were consulted and involved in decisions about their care. They told us they had regular care workers who took time to explain things and listen to them.
- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service and the care workers who supported them.

Respecting and promoting people's privacy, dignity and independence

- People told us the care workers who supported them respected their privacy, dignity and independence at all times. People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these. One relative stated, "[My family member] is never rushed and there is plenty of time to do what [they] need every day."
- The registered manager monitored closely how people were supported and took action when needed. A relative told us, "We are perfectly happy with the carers we have now. There had been some issues with so many different carers coming but this got better once I told the manager my [family member] needed regular staff."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection of June 2021, we made a recommendation for the provider to seek and implement guidance to ensure all people using the service have person centred care plans. At this inspection, we found improvements had been made.

- People's needs were recorded in their care plans and met in line with their needs and preferences. People and relatives we spoke with were overall happy with the care they received.
- People's care plans were comprehensive and person-centred and were developed from the pre-admission assessment and over time.
- Care plans were divided into sections which covered every area of the person's needs, such as mobility, communication, personal care and communication. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed.
- Care plans detailed how each person required to be supported at each visit. The care workers had access to people's care plans on their mobile devices and recorded the support they gave people in real time. Care notes were detailed and written in a person-centred way. One person told us, "The carers are extremely good with the paperwork and fill it each time they visit."

End of life care and support

At our inspection of June 2021, we made a recommendation for the provider to seek and implement guidance on the planning and provision of end of life care. At this inspection, we found improvements had been made.

- People were consulted about their end of life wishes if they were comfortable discussing these during the initial assessment and as part of their care plan.
- The staff received end of life training and were aware of people's needs in relation to this.
- At the time of our inspection, nobody was receiving end of life support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans. Overall people told us the care workers communicated well with them. However, some people reported some issues with some care workers for whom English was not their first language. One person told us, "Communication can be difficult at times especially when one of the carers can't speak any English" and another said, "We have two carers and one of them can speak good English but the other can't so everything needs to be explained in detail but we manage very well." One person reported the care workers sometimes spoke together in their own language which made the person feel excluded.
- We raised these concerns with the registered manager who told us, "We will draw up an action plan from this... We will also send weekly memos where we remind care workers of their duties while in clients' houses and to make all communications in clear English, and to refrain from using other languages while at service user's home." They added they would discuss this with individual staff during their supervision meetings.
- Care plans detailed the person's communication methods and if they had any impairment. For example, if people had a sight impairment and wished to be supported with their glasses or had a hearing impairment and needed support with their hearing aids.

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and responded to in a timely manner. There was a complaints policy and procedure in place. People knew how to make a complaint and told us the provider had taken appropriate action when they had done this. One person stated, "I can always get through to the office if I need to speak to someone."
- Some people had expressed some concerns about lateness of visits and inconsistency of the care workers at weekends. One person had complained the care workers had arrived late three days running. We saw the provider conducted an investigation which showed the care worker did not have enough travelling time between two clients. They had addressed this by allocating care workers who could attend the visit on time. The feedback from the person indicated they were happy with new care workers.
- People were happy with the way the provider dealt with their complaints. Their comments included, "I had an issue with one carer and I asked for them not to come again...I spoke to the manager and [they haven't] been since", "The timings of the calls were not consistent so I tackled the manager about it and it seemed to do the trick and now the carers come when they are supposed to" and "I asked for the same carers where possible and now I have a small group who come regularly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained information about the social activities they enjoyed. However, the registered manager told us they were not required to support people with activities or outings at present.
- Most people who used the service lived with relatives who supported them to access the community or attend appointments. People were able to maintain relationships with their extended family.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection of June 2021, we found that systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

- The provider had implemented robust monitoring systems to help promote good quality care for people who used the service. Following the last inspection, the provider had employed a consultant who carried out a mock inspection and put together an action plan. The registered manager told us the consultant visited monthly to review progress with them.
- The provider had improved their monitoring systems to ensure they were more effective. Systems included audits about recruitment, care plans, accidents and incidents, health and safety and medicines.
- The senior team undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing PPE appropriately and if the person was satisfied.
- The provider's electronic monitoring system was effective, and the management team was able to monitor the care people received in real time, therefore they were able to address any concerns without delay.
- The management team was responsive during and after our inspection and records and documents we requested were produced promptly when requested.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about staff and management. They told us the senior team was approachable and they could always call them if they had a problem.
- Staff told us they enjoyed their work, felt supported by the management and could contact them at any time.

- The registered manager initiated a social media group to communicate and share information with staff. They told us, "We share information with the carers. They are always up to date with news and everything."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary. They told us, "It's about being transparent and open. If something goes wrong, it happens, we just have to apologise, we rectify things and are honest with each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of the service were sought regularly via quality surveys. We viewed a range of these and saw people were happy with the service they received and the care workers who supported them. The registered manager told us, "We communicate well with our service users. We call them regularly to ensure all is fine. We do regular spot checks and risk assessments on the carers. When people raise concerns, we act on this straight away and keep them informed."
- Spot checks were regularly undertaken and we saw a range of these. We saw senior staff checked if people were happy and received support according to their care plans. They also carried out medicines audits to ensure people received their medicines as prescribed.
- There were regular staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. The staff had the opportunity to discuss any concerns and share communication.

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by attending meetings organised by the local authority. They found these meetings helpful as they were able to share information with others and cascade this to the staff team.
- The registered manager added they accessed a lot of information via various websites and publications. They also said they had felt supported by the local authority who had helped them throughout the pandemic.